



# Miami Dade County Department of Planning and Zoning

Zoning Permits Section - 11805 S.W. 26 Street, Suite 106 Miami, FL 33175

Phone: 786-315-2666



## Application for Certificate of Use

Date: \_\_\_\_\_  
Folio: \_\_\_\_\_

Permit # \_\_\_\_\_  
S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

### **Business Information:**

Location Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_  
(List all addresses above) (List all unit numbers above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Business/DBA: \_\_\_\_\_

Corporate: \_\_\_\_\_

Corporate Officer/ Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Size of Space (Sq. Feet) \_\_\_\_\_

Fax Number: \_\_\_\_\_

Are you sharing spaces with another business? Yes \_\_\_\_\_ No \_\_\_\_\_

Will used merchandise be sold on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the type of business \_\_\_\_\_

☐ Office ☐ Home Office ☐ Apt # ☐ Retail ☐ Warehouse ☐ Wholesale

Signature of applicant verifies the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no charges or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and /or possible enforcement action being initiated against the business and/or it's authorized representatives. I further understand that a separate Certificate of Occupancy (CO) is also required and is obtainable from the Building Department.

X \_\_\_\_\_  
Print name

X \_\_\_\_\_  
Signature

*Fax application to 786-315-2928*

### **Departmental use only:**

Zoning: \_\_\_\_\_ Processor: \_\_\_\_\_

Conditions under which approved: \_\_\_\_\_

Resolutions: \_\_\_\_\_

Process number: U \_\_\_\_\_

Certificate Number \_\_\_\_\_